Fill in this information to identify your case:				
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS				
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13			

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

P	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example,	Latisha First Name	First Name
	your driver's license or passport).	S Middle Name	Middle Name
	Bring your picture identification to your meeting	Thompson Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8	First Name	First Name
	years Include your married or	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of your Social Security number or federal	xxx - xx - <u>9</u> <u>8</u> <u>2</u> <u>1</u>	xxx - xx
	Individual Taxpayer Identification number (ITIN)	OR 9xx - xx	OR 9xx - xx
4.	Any business names and Employer Identification Numbers	☑ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
	(EIN) you have used in the last 8 years	Business name	Business name
	Include trade names and doing business as names	Business name	Business name
		Business name	Business name

ebtor 1 Case 16-02354 First Name	s Doc 1 Filed 01/26/16 Entered 02	1/26/16 16:48:07 Desc Main
r iist Name	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
		<u></u>
Where you live		If Debtor 2 lives at a different address:
	1701 Jackson	
	Number Street	Number Street
	North Chicago IL 60064	
	City State ZIP Code	City State ZIP Code
	Lake County	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
Why you are choosing	Check one:	Check one:
this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
Part 2: Tell the Court	About Your Bankruptcy Case	
The chapter of the Bankruptcy Code you	Check one: (For a brief description of each, see No for Bankruptcy (Form 2010)). Also, go to the top of	otice Required by 11 U.S.C. § 342(b) for Individuals Filipage 1 and check the appropriate box.
are choosing to file under	Chapter 7	
	Chapter 11	
	Chapter 12	
	_	

Deb	tor 1 Case 16-02354	s ^{Doc 1}	Filed 01/26/16	Entered 01/2 Page 3 of 58	26/16 e num	5 16:48:07 ber (if known)	Desc Main	
	First Name	Middle Name	DOCASINAMEN	Paye 3 01 58		· / _		
8.	How you will pay the fee	court pay v	pay the entire fee whe for more details about h vith cash, cashier's chec lf, your attorney may pa	now you may pay. Ty k, or money order. I	ypically If your	/, if you are payir attorney is subm	ng the fee yourself, you itting your payment on	u may
			d to pay the fee in instiduals to Pay Your Filing	•			nd attach the Application	on for
		By la than fee ir	uest that my fee be wa w, a judge may, but is n 150% of the official pov n installments). If you ch g Fee Waived (Official F	ot required to, waive erty line that applies noose this option, you	your fe to you u must	ee, and may do s r family size and fill out the Appli	so only if your income in you are unable to pay	s less the
9.	Have you filed for	☑ No						
	bankruptcy within the last 8 years?	Yes.						
		District		٧	When		Case number	
		_		_	Ī	MM / DD / YYYY		
		District _		V	ِ Nhen آ	MM / DD / YYYY	Case number	
		District _		V	When _		Case number	
40	A b l t	_ No			ľ	MM / DD / YYYY		
10.	Are any bankruptcy cases pending or being	☑ No						
	filed by a spouse who is	Yes.						
	not filing this case with you, or by a business	Debtor _				Relationship	to you	
	partner, or by an affiliate?	District _		V	When _		Case number,	
	aiiiiate :				ľ	MM / DD / YYYY	if known	
		Debtor _				Relationship	to you	
		District		٧	When		Case number,	
		_			Ī	MM / DD / YYYY	if known	
11.	Do you rent your residence?	□ No. ✓ Yes.	Go to line 12. Has your landlord obtaresidence?	ained an eviction judo	gment	against you and	do you want to stay in	your
			No. Go to line 12 Yes. Fill out Initia		an Evic	tion Judgment A	gainst You (Form 101/	۹)

and file it with this bankruptcy petition.

		liddle N	ame	Filed 01/26/16 Document Sses You Own as	Entered 01/26/16 16 Page 4 of 58 e number (if a Sole Proprietor	:48:07 known)	Desc Main	
12.	Are you a sole proprietor of any full- or part-time business?			Go to Part 4. Name and location of	pusiness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any Number Street				
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			City Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above				
13.	Chapter 11 of the can set a Bankruptcy Code and most rece			filing under Chapter 11, the court must know whether you are a small business debtor so that it oppropriate deadlines. If you indicate that you are a small business debtor, you must attach your nt balance sheet, statement of operations, cash-flow statement, and federal income tax return f these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).				
	For a definition of small		No.	I am not filing under Clar I am filing under Char the Bankruptcy Code.	oter 11, but I am NOT a small bus	iness debto	r according to the definition in	
	business debtor, see 11 U.S.C. § 101(51D).		Yes.		oter 11 and I am a small business	debtor acco	ording to the definition in the	
Pa	Report If You Ov	vn oı	Hav	e Any Hazardous	Property or Any Property	That Nee	ds Immediate Attention	
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs		No Yes.	What is the hazard? If immediate attention	is needed, why is it needed?			
	immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property	?Street			

City

State

ZIP Code

Desc Main

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

 I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

\Box 1.	am not required	to receive a	briefing about
	redit counseling		

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me □ Disability. to be unable to participate in a briefing in person, by phone, or

> through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 davs.

☐ I am not required to receive a briefing at	out
credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me □ Disability. to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

P	art 6: Answer These 0	Questio	ns for Reporting	Purpos	ses			
16.	What kind of debts do you have?	16a.	 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. ✓ Yes. Go to line 17. 					
		16b.	e debts that you incurred to obtain the business or investment.					
		16c.	State the type of debts	s you ow	e that are not consumer of	or busines	s debts.	
17.	Are you filing under Chapter 7?		lo. I am not filing un	der Chap	oter 7. Go to line 18.			
	Do you estimate that after any exempt property is	☑ Y	-		•	•	exempt property is excluded and to distribute to unsecured creditors?	
	excluded and administrative expenses		√ No					
	are paid that funds will be available for distribution to unsecured creditors?		Yes					
18.	How many creditors do you estimate that you owe?	5 0 1	-49 0-99 00-199 00-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000	
19.	How much do you estimate your assets to be worth?	\$ \$	0-\$50,000 50,001-\$100,000 100,001-\$500,000 500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 millior \$50,000,001-\$100 millio \$100,000,001-\$500 million	on 📙	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.	How much do you estimate your liabilities to be?	□ \$ □ \$	0-\$50,000 50,001-\$100,000 100,001-\$500,000 500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	on 📙	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
P	art 7: Sign Below							
For	you	I have and co	•	i, and I d	eclare under penalty of p	erjury that	the information provided is true	
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.						
		If no attorney represents me and I did not pay or agree to pay someone who is an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I reque	est relief in accordance	e with the	e chapter of title 11, Unite	d States C	Code, specified in this petition.	
		conne	•	case ca	an result in fines up to \$25	-	g money or property by fraud in imprisonment for up to 20 years,	
			Latisha S Thomps	on	X	anature o	f Debtor 2	
			ecuted on 01/26/201 6	6		Signature of Debtor 2 Executed on		

MM / DD / YYYY

MM / DD / YYYY

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ K	enneth S. Borcia	Da	ate	01/26/2016					
Signa	ature of Attorney for Debtor			MM / DD / YYYY					
Kenneth S. Borcia									
Print	ed name								
	Kenneth S. Borcia & Associates								
Firm	Name								
1117	7 S. Milwaukee, Suite A-3								
Num	•								
	mts neille	IL		60048					
City	rtyville	IL State		ZIP Code					
City		State		ZIF Code					
Cont	act phone (847) 634-8800	Email address							
3125	5988								
Barr	number	State		-					

			Doc	<u> Page 8 of 5</u> 8		
7	ill in this info	ormation to id	lentify your case	and this filing:		
De	ebtor 1	Latisha First Name	S Middle Name	Thompson Last Name		
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name		
Ur	nited States Bar	nkruptcy Court for	the: NORTHERN D	DISTRICT OF ILLINOIS		
	ase number known)				_	if this is an ed filing
Of	ficial Form	106A/B				
Sc	hedule A/	B: Property	1			12/15
filin she	g together, bot et to this form.	th are equally really really of a	sponsible for supply ny additional pages,	Be as complete and accurate as ping correct information. If more write your name and case numb	space is needed, attach a er (if known). Answer eve	separate ry question.
1.	✓ No. Go to	, ,	•	t in any residence, building, land	, or similar property?	
2.		-	•	of your entries from Part 1, incluite that number here	_	\$0.00
P	art 2: Des	scribe Your V	ehicles		•	
Do :	you own, lease	e, or have legal o	r equitable interest i	n any vehicles, whether they are also report it on Schedule G: Ex	_	-
3.	Cars, vans, tr	ucks, tractors, s	port utility vehicles,	motorcycles		
	□ No ☑ Yes					
3.1. Mak	ke:	Chevrolet	Check on	an interest in the property? e. or 1 only	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim	ims on Schedule D:
Mod Yea		<u>Tahoe</u> 2003		or 2 only	Current value of the	Current value of the
	roximate mileaç			or 1 and Debtor 2 only	entire property?	portion you own?
	er information:			ast one of the debtors and another	\$900.00	\$900.00
200	3 Chevrolet	Гаhое		k if this is community property nstructions)		
4.			nes, ATVs and other	recreational vehicles, other vehit, fishing vessels, snowmobiles, m		
5.		-	•	of your entries from Part 2, incluite that number here		\$900.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Dob	1 4 1	sc Main
Deb	First Name Middle Name Last Name	
6.	Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware	
	□ No □ Yes. Describe bedroom furniture, kitchen & living room furniture, audio, video & computer equipment, misc. household goods	\$850.00
7.	Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	✓ No Yes. Describe	
8.	Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	No ✓ Yes. Describe Books, pictures & collections	\$50.00
9.	Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	No ✓ Yes. Describe sports & hobby equipment _	\$20.00
10.	Firearms <i>Examples:</i> Pistols, rifles, shotguns, ammunition, and related equipment	
	✓ No ☐ Yes. Describe	
11.	Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	No Yes. Describe clothing	\$100.00
12.	Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	□ No □ Yes. Describe Furs & jewelry □ _	\$50.00
13.	Non-farm animals Examples: Dogs, cats, birds, horses	
	✓ No ☐ Yes. Describe	
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	✓ No Yes. Give specific information	
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here	\$1,070.00
P	nrt 4: Describe Your Financial Assets	

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Deb	tor 1	Case 16-0235 Latisha	4 Doc 1	Filed 01/26/16	Entered 01/26/16 16:48:07 Page 10 ofc5& number (if known)	
200		First Name	Middle Name	Last Name	<u> </u>	
16.						
	_	No Yes			Cash:	\$25.00
17.			ses, and other sim		ates of deposit; shares in credit unions, I have multiple accounts with the same	
	_	No Yes		Institution name:		
		17.1. Ched	cking account:	T.C.F. Bank		\$155.00
18.	Exar	•	vestment account	s with brokerage firms	, money market accounts	
19.	an ir	nterest in an LLC, par	rtnership, and joi	•	nincorporated businesses, including % of ownershi	p:
20.		•		-	n-negotiable instruments promissory notes, and money orders.	
	-		•		one by signing or delivering them.	
	_ i	No Yes. Give specific nformation about them	Issuer name:			
21.	Exar	profit-sharing p	A, ERISA, Keogh,	401(k), 403(b), thrift sa	avings accounts, or other pension or	
	Ξ,	account separately.	Type of account:	Institution name		
			401(k) or similar p	ριαι1		
			Pension plan: IRA:			
			Retirement accou	unt:		
			Keogh:	<u> </u>		
			Additional accour			
			Additional accour			

Deb	Case 16-02354 tor 1	4 DOC 1 S	DocThanenston	Page 11 of 5 be number (if kn		
Deb	First Name	Middle Name	Last Name	1 age 11 orange hamber (ii kir		
22.		eposits you have		continue service or use from a comp (electric, gas, water), telecommunica		
23.		a specific periodi	Institution name or c payment of money to	individual: you, either for life or for a number of	years)	
	✓ No ☐ Yes	Issuer name an	nd description:			
24.				E program, or under a qualified sta	nte tuition pro	ogram.
	26 U.S.C. §§ 530(b)(1), 529 No Yes			arately file the records of any interes	ts. 11 U.S.C.	§ 521(c)
25.	Trusts, equitable or future powers exercisable for your No ☐ Yes. Give specific information about them	our benefit	operty (other than any	ything listed in line 1), and rights o	r	
26.	Patents, copyrights, trade	emarks, trade se		lectual property; ties and licensing agreements		
	No ☐ Yes. Give specific information about them	1				
27.				ciation holdings, liquor licenses, profe	essional licen	ses
	No ☐ Yes. Give specific information about them	1				
Mor	ey or property owed to yo	u?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you					
	No	emotice 5	al maasiisis (and Ameta Hadan area	F	
	about them, including v	whether	ai: possible tax ref	und. Amt: Unknown	Federal	
	you already filed the read and the tax years				State:	\$0.00 \$0.00
	•				Local:	\$0.00

	Case 10-02354	DOCI	Filed 01/20/10	Ellielen 01/20/10		Jest Main
btor 1	Latisha First Name	S Middle Name	Document on Last Name	Page 12 ofc58e numb	er (if known)	
	mily support					
	amples: Past due or lump No	sum alimony,	spousal support, child	support, maintenance, divorc	e settlement, prope	erty settlement
	Yes. Give specific inform	nation			Alimony:	\$0.00
					Maintenance:	\$0.00
					Support:	\$0.00
					Divorce settlemer	nt: \$0.00
					Property settleme	ent: \$0.00
		sability insurar		benefits, sick pay, vacation on made to someone else	pay, workers'	
	Yes. Give specific inform	nation				
	erests in insurance polic		oo, boolth oovings	ount (HCA); aradit be	orlo or rootoels issue	rongo
	No	or life irisurari	ce, nealth savings acct	ount (HSA); credit, homeowne	ers, or renters mou	rance
	Yes. Name the insuranc company of each policy and list its value		name:	Beneficiary:	\$	Surrender or refund value:
If y	y interest in property that ou are the beneficiary of a itled to receive property be	living trust, ex	xpect proceeds from a l	s died ife insurance policy, or are cu	urrently	
$ \sqrt{} $	No Yes. Give specific inform					
Exa	amples: Accidents, emplo	•	•	wsuit or made a demand fo rights to sue	or payment	
\square	No Yes. Describe each clair	m				
			s of every nature, incl	uding counterclaims of the	debtor and	
	No Yes. Describe each clair	m				
An	y financial assets you di	d not already	list			
	No Yes. Give specific inform	nation				
				g any entries for pages you		\$180.00
art (5: Describe Any Bu	ısiness-Rel	ated Property You	ı Own or Have an Inter	rest In. List any	y real estate in Part
Do	you own or have any leg	gal or equitab	le interest in any busi	ness-related property?		
V	No. Go to Part 6.					
_	Yes. Go to line 38.					

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Debtor 1 Latisha S DocUniversion Page 13 of (548:07 number (if known)

Middle Name

Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned Yes. Describe.. 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices **☑** No Yes. Describe... 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade **☑** No Yes. Describe... 41. Inventory **☑** No Yes. Describe..... 42. Interests in partnerships or joint ventures **☑** No ☐ Yes. Describe..... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations **№** No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ Yes. Describe..... 44. Any business-related property you did not already list **☑** No Yes. Give specific information..... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have \$0.00 attached for Part 5. Write that number here..... Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47.

Case 16-02354 Doc 1 Filed 01/26/16 Entered 01/26/16 16:48:07 Desc Main Documenton Page 14 of the number (if known) Latisha Debtor 1 Middle Name Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish **☑** No Yes.... 48. Crops--either growing or harvested **☑** No ☐ Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade Yes.... 50. Farm and fishing supplies, chemicals, and feed **☑** No ☐ Yes.... 51. Any farm- and commercial fishing-related property you did not already list **☑** No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have \$0.00 attached for Part 6. Write that number here..... Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **☑** No ☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here.....

\$0.00

Part 8: List the Totals of Each Part of this Form				
55. Part 1: Total real estate, line 2		4	—	\$0.00
56. Part 2: Total vehicles, line 5	\$900.00			
57. Part 3: Total personal and household items, line 15	\$1,070.00			
58. Part 4: Total financial assets, line 36	\$180.00			
59. Part 5: Total business-related property, line 45	\$0.00			
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00			
61. Part 7: Total other property not listed, line 54	+ \$0.00			
62. Total personal property. Add lines 56 through 61	\$2,150.00	Copy personal property total	+	\$2,150.00
63. Total of all property on Schedule A/B. Add line 55 + line 62				\$2,150.00

Fill in this inf	Fill in this information to identify your case:					
Debtor 1	Latisha	S	Thompson			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS						
Case number						
(if known)						

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Cla	aim as Exempt		
 Which set of exemptions are you claiming? You are claiming state and federal nonban You are claiming federal exemptions. 11 to For any property you list on Schedule A/B th 	ukruptcy exemptions. J.S.C. § 522(b)(2)	• ,,,,	ŕ
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Schedule A/B	Check only one box for each exemption	
Brief 2003 Chevrolet Tahoe description: Line from Schedule A/B: 3.1	\$900.00	\$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)
Brief bedroom furniture, kitchen & description: living room furniture, audio, Line from Schedule A/B: 6	\$850.00	\$850.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
3. Are you claiming a homestead exemption of Schofficial Form 106C Schofficial Form 106			

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Debtor 1

s Latisha

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Case number (if known)

First Name Middle Name Last Name

Part 2: Additional F	age
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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Check only one box for each exemption		
Brief Books, pictures & collections description: Line from Schedule A/B: 8	\$50.00	\$50.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)	
Brief sports & hobby equipment description: Line from Schedule A/B: 9	\$20.00	\$20.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)	
Brief clothing description: Line from Schedule A/B: 11	\$100.00	\$100.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a), (e)	
Brief Furs & jewelry description: Line from Schedule A/B: 12	\$50.00	\$50.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)	
Brief Cash description: Line from Schedule A/B:16	\$25.00	\$25.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)	
Brief T.C.F. Bank description: Line from Schedule A/B: 17.1	\$155.00	\$155.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)	
Brief possible tax refund description: Line from Schedule A/B:	Unknown	\$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)	

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Case 1	0-02334 DC			<u>- 18 of 58</u>	.40.01 DESC IV	iaiii
Fill in this infor	rmation to iden					
Debtor 1 L	.atisha	S	Thompson			
_	irst Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing) F	irst Name	Middle Name	Last Name			
United States Bank	runtcy Court for the	NORTHERN	DISTRICT OF ILLIN	ois		
	Tupio, Courties and					
Case number _ (if known)					☐ Check if this is	
,					amended filing	I
Official Form 1	106D					
Schedule D: (Creditors Wh	o Have Cl	aims Secured	by Property		12/15
				, , ,		
				ogether, both are equall		
	•		e Additional Page, fill nd case number (if kr	l it out, number the entric	es, and attach it to this	s torm.
,	pg,	,	(
1. Do any creditor	rs have claims sec	ured by your pr	operty?			
☐ No. Check	this box and submi	t this form to the	court with your other s	chedules. You have noth	ing else to report on thi	s form.
Yes. Fill in	all of the information	n below.				
		_				
Part 1: List	All Secured Cla	ims				
2. List all secured	I claims. If a credito	ar has mars than	one cooured			
	editor separately for			Column A	Column B	Column C
•	•		other creditors in Part 2. As		Value of collateral	Unsecured
much as possibl creditor's name.	e, list the claims in	alphabetical orde	er according to the	Do not deduct the	that supports this	portion
				value of collateral	claim	If any
2.1		Describe the secures the	e property that	\$13,000.00	\$900.00	\$12,100.00
 Consumer Financ	ial Services					<u> </u>
Creditor's name	D.J	— 2003 Cne\	rolet Tahoe			
300 S. Green Bay Number Street	Ku.					
		<u></u>				
Waukegan	IL 60085	As of the da	ate you file, the claim	is: Check all that apply.		
City	State ZIP Code	Conting	ent			
Who owes the debt?	? Check one.	Unliquio				
Debtor 1 only		☐ Dispute	d			
Debtor 2 only		Nature of li	en. Check all that app	oly.		
□ Debtor 1 and Debtor 1	•		ement you made (such	n as mortgage or secured	car loan)	
At least one of th	e debtors and anoth	_	ry lien (such as tax lien	, mechanic's lien)		
- Observativity of the state of	in palatas	_	ent lien from a lawsuit	-4\		
Check if this cla to a community		U Other (i	ncluding a right to offse	et)		
•						
Date debt was incur	red	Last 4 digit	s of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$13,000.00

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Latisha Debtor 1

Documenton Page 19 of 52 number (if known)

First Name Middle Name Last Name

	Additional F
Part 1:	After listing an
	sequentially fr

Page

ny entries on this page, number them rom the previous page.

Column A Amount of claim Do not deduct the value of collateral Column B Value of collateral that supports this

Column C Unsecured portion If any

Easy Loan Creditor's name	Describe the property that secures the claim: Furniture	\$1,438.00	\$700.00	\$738.00
Number Street				
Waukegan IL 60085	As of the date you file, the claim is:	Check all that apply.		
City State ZIP Code	Contingent			
Who owes the debt? Check one. ✓ Debtor 1 only	Unliquidated Disputed			
Debtor 2 only	Nature of lien. Check all that apply.			
Debtor 1 and Debtor 2 only	☐ An agreement you made (such as	s mortgage or secured car loan)	
At least one of the debtors and another	Statutory lien (such as tax lien, m Judgment lien from a lawsuit	echanic's lien)		
Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,438.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$14,438.00

	Case	16-02354			Entered 01/2	26/16 16:48:07	7 Desc Ma	ain
Fill i	in this inf	ormation to id	lentify your (case:				
Debto	or 1	Latisha	S	Thompso	<u>n</u>			
		First Name	Middle Name	e Last Name				
Debto (Spot	or 2 use, if filing)	First Name	Middle Name	e Last Name				
			that NODTHE	RN DISTRICT OF IL	LINOIS			
		rikrupicy Court for	ine. NONTHE	KN DISTRICT OF IL	LINOIS			
(if kno	number own)						Check if this is a amended filing	ın
Offic	ial Form	106E/F						
Sche	edule E/	F: Creditors	s Who Hav	e Unsecured (Claims			12/15
	page. On t	he top of any add	litional pages,	fill it out, number the write your name and one can be secured Claims			ach the continu	ation Fage
1. D	o any credit	tors have priority	unsecured cla	ims against you?				
	No. Go t	o Part 2.						
✓	Yes.							
cla sh m	aim. For eachow both price ore space is	ch claim listed, ide ority and nonpriorit	entify what type or y amounts. As y unsecured cla	a creditor has more tha of claim it is. If a claim much as possible, list t ims, fill out the Continu	has both priority the claims in alpha	and nonpriority amou abetical order accord	unts, list that clair ding to the credito	n here and or's name. If
(F	or an explar	nation of each type	of claim, see th	ne instructions for this t	orm in the instruc			
	_					Total claim	Priority amount	Nonpriority amount
2.1						\$4,100.00	\$4,100.00	\$0.00
	of Illinois			 Last 4 digits of acc 	ount number			
Depar		e E <mark>mployment Se</mark>	curity	When was the debt	-			
Number	Street				_			

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Last Name

Part 2:

Middle Name

Do any creditors have nonpriority unsecured claims against you?

List All of Your NONPRIORITY Unsecured Claims

No. You have nothing to report in this p✓ Yes	eart. Submit this form to the court with you other schedules.	
If a creditor has more than one nonpriority un type of claim it is. Do not list claims already it	ms in the alphabetical order of the creditor who holds each claim. secured claim, list the creditor separately for each claim. For each claim liste included in Part 1. If more than one creditor holds a particular claim, list the of ity unsecured claims, fill out the Continuation Page of Part 2.	•
		Total claim
4.1		Unknown
Armed Forces Bank	Last 4 digits of account number	
Nonpriority Creditor's Name Great Lakes-Burkey Mall	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
3452 Greenbay Rd.	Contingent	
Great Lakes IL 60088	Unliquidated	
City State ZIP Code	— Disputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only Debtor 2 only	☐ Student loans	
Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
At least one of the debtors and another	that you did not report as priority claims	
☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
s the claim subject to offset?	V Guiot. Opcomy	
√ No		
Yes		
4.2		\$640.00
——J AT&T	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
P.O. Box 8212		
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
Aurora IL 60572-8212 Citv State ZIP Code	Disputed	
City State ZIP Code Who incurred the debt? Check one.		
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
At least one of the debtors and another	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	Other. Specify	
s the claim subject to offset?	<u> </u>	
☑ No		
Yes		

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Latisha

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Debtor 1

Middle Name First Name Last Name

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$380.00
Bank of America	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
920 S. Washington		
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
Waukegan IL 60085	_ ☐ Disputed	
City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only At least one of the debtors and another	that you did not report as priority claims	
-	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?		
☑ No		
Yes		
4.4		
	Last 4 digits of account number	\$997.00
Capital One Nonpriority Creditor's Name	Last 4 digits of account number	
P.O. Box 30281	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
Salt Lake City UT 84130-0281	Unliquidated	
Salt Lake City UT 84130-0281 City State ZIP Code	— ☐ Disputed	
Who incurred the debt? Check one.		
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
At least one of the debtors and another	that you did not report as priority claims	
= Object Militar elelection for female accommunities debt	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Is the claim subject to offset?		
No No		
Yes		
4.5		\$420.00
	Lost 4 divite of account number	
Cash Advance National Nonpriority Creditor's Name	Last 4 digits of account number	
P.O. Box 5813	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
Wilmington DE 10000	Unliquidated	
Wilmington DE 19808 City State ZIP Code	_ Disputed	
Who incurred the debt? Check one.	T. (NONDRIGHTY : : :	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	☐ Student loans	
Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
At least one of the debtors and another	that you did not report as priority claims	
	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify	
Is the claim subject to offset?		
☑ No		
Yes		

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Debtor 1

s Latisha

Document Thompson Last Name

Middle Name First Name

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.6		\$478.00
Cashnetusa.com	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
200 W. Jackson, Ste. 2400 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
Chicago II 60606	Unliquidated	
City State ZIP Code	_ ☐ Disputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only At least one of the debtors and another	that you did not report as priority claims	
	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	☑ Other. Specify	
Is the claim subject to offset? ✓ No		
☑ No □ Yes		
4.7		\$399.00
College of Lake County	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
Attn: Cashier Office Number Street	As of the date you file, the claim is: Check all that apply.	
19351 W. Washington	_ ☐ Contingent	
Gravslake IL 60030	Unliquidated	
Grayslake IL 60030 City State ZIP Code	— ☐ Disputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
✓ Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?		
☑ No □ Yes		
Yes		
4.8		Unknown
Columbia University	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
1225 Tri State Pkwy, Ste#560 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent	
	Unliquidated	
Gurnee IL 60031 City State ZIP Code	_ Disputed	
Who incurred the debt? Check one.	T. (NONDRIGHTY)	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?		
☑ No		
Yes		

Debtor 1

Latisha

s

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First Name Middle Name Last Name

Your NONPRIORITY Unsecur	ed Claims Continuation Page	
After listing any entries on this page, number ther previous page.	n sequentially from the	Total claim
4.9		\$1,632.00
Comcast	Last 4 digits of account number	<u> </u>
Nonpriority Creditor's Name 2508 W. Rte 120	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
McHenry IL 60050 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	 Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans 	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt s the claim subject to offset? No Yes	 □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify 	
4.10 Commonwealth Edison Nonpriority Creditor's Name	_ Last 4 digits of account number	Unknown
2100 Swift Drive Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent	
Oakbrook IL 60523-1559	Unliquidated	
City State ZIP Code	_ ☐ Disputed	
Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim: Student loans	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
At least one of the debtors and another	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	Other. Specify	
s the claim subject to offset? No Yes 4.11		\$313.00
Enterprise Rent-A-Car	Last 4 digits of account number	
Nonpriority Creditor's Name S17 W22650 Lincoln Ave.	When was the debt incurred?	
Number Street	 As of the date you file, the claim is: Check all that apply. ☐ Contingent 	
Waukesha WI 53187 City State ZIP Code	Unliquidated Disputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
At least one of the debtors and another	that you did not report as priority claims	
☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
s the claim subject to offset?	<u> </u>	
☑ No □ Yes		

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Debtor 1

Latisha

s

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First Name Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
Global Medical Imaging Nonpriority Creditor's Name 44000 Garfield Rd. Number Street Clinton Township MI 48038 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt s the claim subject to offset? No Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify	\$857.00
4.13 Great Lakes Credit Union Nonpriority Creditor's Name 2525 Green Bay Road Number Street North Chicago IL 60064 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt s the claim subject to offset? No Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	\$280.00
4.14 Guaranty Bank Nonpriority Creditor's Name P.O. Box 240200 Number Street Milwaukee WI 53223 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify	\$300.00

Latisha

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Debtor 1

s First Name Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecur	ed Claims Continuation Page	
After listing any entries on this page, number then previous page.	n sequentially from the	Total claim
Home Choice Nonpriority Creditor's Name 1511 N. Lewis Ave. Number Street Waukegan IL 60085 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	\$1,232.00
4.16 Illinois Dept. of Employment Security Nonpriority Creditor's Name Benefits Repayments Number Street	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply.	\$41,380.00
Springfield IL 62794-9286 City State ZIP Code Who incurred the debt? Check one.	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	
	 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify 	
✓ No Yes 4.17		\$724.00
Lake County Clerk Nonpriority Creditor's Name 18 N. County St., #101 Number Street	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent	
Waukegan City State ZIP Code Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes	Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify	

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Debtor 1

s Latisha

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First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.18 Navient	Last 4 digits of account number	\$7,222.00
Nonpriority Creditor's Name P.O. Box 9500	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
Wilkes-Barre PA 18773-9500	☐ Unliquidated — ☐ Disputed	
City State ZIP Code Who incurred the debt? Check one.		
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
s the claim subject to offset?		
▼ No □ Yes		
4.19		Unknown
North Shore Gas/People's Energy Nonpriority Creditor's Name	Last 4 digits of account number	
Nonpriority Creditor's Name 130 E. Randolph, 14th Floor	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Special Procedures	_ Contingent	
Chicago IL 60601	☐ Unliquidated — ☐ Disputed	
City State ZIP Code Who incurred the debt? Check one.		
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify	
s the claim subject to offset?		
☑ No □ Yes		
4.20		\$4,207.00
Northwestern Medicine	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
28155 Network Place Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
Chicago IL 60673-1281	Unliquidated	
City State ZIP Code	— ☐ Disputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor 1 only □ Debtor 2 only	Student loans	
Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
At least one of the debtors and another	that you did not report as priority claims	
☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
s the claim subject to offset?	<u>V</u> 3.10.1 Spoon)	
☑ No		
Yes		

Latisha

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Debtor 1

First Name Middle Name

Last Name

Your NONPRIORITY Unsecur	ed Claims Continuation Page	
After listing any entries on this page, number ther previous page.	m sequentially from the	Total claim
4.21		\$300.00
Payday Loan Store	Last 4 digits of account number	
Nonpriority Creditor's Name 2510 W. Grand Ave.	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
Waukegan IL 60085 City State ZIP Code	☐ Unliquidated ☐ Disputed	
Who incurred the debt? Check one.	Turns of NONDRIORITY unaccounted alsimo	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	Other. Specify	
s the claim subject to offset?		
▼ No		
Yes		
4.22		Unknown
PNC Bank	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
Mailstop:P5-PCLC-02-R Number Street	As of the date you file, the claim is: Check all that apply.	
2730 Liberty Ave.	_ ☐ Contingent	
Bittohah BA 45000	Unliquidated	
Pittsburgh PA 15222 City State ZIP Code	- ☐ Disputed	
Who incurred the debt? Check one.	Turns of NONDRIORITY unaccounted alsimo	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	Other. Specify	
s the claim subject to offset?		
▼ No		
Yes		
4.23		\$278.00
Speedy Loan Corp.	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
2850 Belvidere, Ste#A Number Street	As of the date you file, the claim is: Check all that apply.	
vumber Street	_ ☐ Contingent	
	Unliquidated	
Waukegan IL 60085 City State ZIP Code	_ ☐ Disputed	
City State ZIP Code Who incurred the debt? Check one.	Town of MONDBIODITY	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
s the claim subject to offset?	<u> </u>	
☑ No		
Yes		

Debtor 1

Latisha

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Document Inompson Middle Name First Name

Total claim
\$766.00
\$1,228.00
<u>\$1,351.00</u>

Latisha

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Document Inompson

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Debtor 1

Middle Name First Name

Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number theoprevious page.	m sequentially from the	Total claim
4.27 Vista Health System & Patient Financial Nonpriority Creditor's Name 1324 N. Sheridan Rd. Number Street Waukegan IL 60085-2161 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ✓ No	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	\$2,982.00
Yes 4.28		\$131.00
Whispering Oaks Nonpriority Creditor's Name	_ Last 4 digits of account number	
2443 W. Dugdale Rd.	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
Waukegan IL 60085	Unliquidated	
City State ZIP Code	_ ☐ Disputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans	
Debtor 2 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	Other. Specify	
s the claim subject to offset?		
No		
Yes		
4.29		¢425.00
	Last A. Parka of account wombon	\$425.00
Windham Professionals, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	
P.O. Box 1048	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
Salem NH 03079	Unliquidated	
City State ZIP Code	_ ☐ Disputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	that you did not report as priority claims	
	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
s the claim subject to offset?		
☑ No □ Yes		

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Debtor 1

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Part 3:

First Name Middle Name Last Name

List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

AFNI			On which entry in Part 1 or Part 2 did you list the original creditor?				
Name P.O. Box 3097			Line	0	f (Check one).		Part 1: Creditors with Priority Unsecured Claims
Number Street					,	☑	Part 2: Creditors with Nonpriority Unsecured Claims
Bloomington City	IL State	61702-3097 ZIP Code	Last	4 digits o	of account nun	nber	
Armor Systems Cor	p.		On w	hich enti	ry in Part 1 or	Part 2	2 did you list the original creditor?
Name 1700 Kiefer Dr.,Ste.	1		Line	4.7 o	f (Check one).		Part 1: Creditors with Priority Unsecured Claims
Number Street	-				,	V	Part 2: Creditors with Nonpriority Unsecured Claims
Zion City	IL State	60099 ZIP Code	 Last	4 digits o	of account nun	nber	
Arnold Scott Harris			On w	hich enti	ry in Part 1 or	Part 2	2 did you list the original creditor?
Name 111 W. Jackson Blve	d Ste#600		 Line	4.17 o	f (Check one).		Part 1: Creditors with Priority Unsecured Claims
Number Street	<u>,</u>		_		(Part 2: Creditors with Nonpriority Unsecured Claims
Chicago City	IL State	60604-4134 ZIP Code	 Last	4 digits o	of account nun	nber	
Caine & Weiner			On w	hich enti	ry in Part 1 or	Part 2	2 did you list the original creditor?
Name P.O. Box 5010			 Line	4.11 o	f (Check one).		Part 1: Creditors with Priority Unsecured Claims
Number Street					,	V	Part 2: Creditors with Nonpriority Unsecured Claims
Woodland Hills City	CA State	91365-5010 ZIP Code	Last	4 digits o	of account nun	nber	
Certified Services			On w	hich enti	ry in Part 1 or	Part 2	2 did you list the original creditor?
Name 1733 Washington St	reet. Suite	201	— Line	4.12 o	f (Check one).		Part 1: Creditors with Priority Unsecured Claims
Number Street	,				,		Part 2: Creditors with Nonpriority Unsecured Claims
Waukegan City	IL State	60085 ZIP Code	Last	4 digits o	of account nun	nber	
Convergent Outsou	rcing		On w	hich enti	ry in Part 1 or	Part 2	2 did you list the original creditor?
Name 800 SW 39th St			Line	4.9 o	f (Check one).		Part 1: Creditors with Priority Unsecured Claims
Number Street			_				Part 2: Creditors with Nonpriority Unsecured Claims
Renton	WA	98057	 Last	4 digits o	of account nun	nber	
City	State	ZIP Code		-			

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Debtor 1

First Name Middle Name Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Credit Control			On which entry in Part 1 or Part 2 did you list the original creditor?					
Name 5757 Phantom Dr.,	Sto 330		Line 4.27 of <i>(Check one):</i> Part 1: Creditors with Priority Unsecured Claims					
Number Street	ote. 330		Line or (Greek Gree)	✓ Part 2: Creditors with Nonpriority Unsecured Claims				
Hazelwood	МО	63042	— ── Last 4 digits of account nur	nhar.				
City	State	ZIP Code	Last 4 digits of account hur					
Credit Management	t		On which entry in Part 1 or	Part 2 did you list the original creditor?				
Name 4200 International F	Parkway		Line 4.26 of <i>(Check one):</i> Part 1: Creditors with Priority Unsecured Claims					
Number Street				Part 2: Creditors with Nonpriority Unsecured Claims				
Carrollton	тх	75007	Last 4 digits of account nur	nber				
City	State	ZIP Code						
Diversified Consult	ants		On which entry in Part 1 or	Part 2 did you list the original creditor?				
Name P.O. Box 551268			Line 4.24 of (Check one)	Part 1: Creditors with Priority Unsecured Claims				
Number Street			<u> </u>	Part 2: Creditors with Nonpriority Unsecured Claims				
Jacksonville	FL	32256	— ── Last 4 digits of account nur	nber				
City	State	ZIP Code	•					
Enhanced Recover	y Corp.		On which entry in Part 1 or	Part 2 did you list the original creditor?				
Name P.O. Box 57547			Line 4.24 of (Check one)	Part 1: Creditors with Priority Unsecured Claims				
Number Street				Part 2: Creditors with Nonpriority Unsecured Claims				
Jacksonville	FL	32241	Last 4 digits of account nur	nber				
City	State	ZIP Code	-					
Midland Funding LL	LC		On which entry in Part 1 or	Part 2 did you list the original creditor?				
Name 2365 Northside Driv	ve, Ste#300		Line 4.4 of (Check one)	Part 1: Creditors with Priority Unsecured Claims				
Number Street			<u> </u>	Part 2: Creditors with Nonpriority Unsecured Claims				
San Deigo	CA	92108	— ── Last 4 digits of account nur	nber				
City	State	ZIP Code						
Stellar Recovery IN	IC		On which entry in Part 1 or	Part 2 did you list the original creditor?				
Name 1327 US Highway 2	2 W #100		Line 4.9 of (Check one)	Part 1: Creditors with Priority Unsecured Claims				
Number Street				Part 2: Creditors with Nonpriority Unsecured Claims				
Kalispell	МТ	59901-3413	— ── Last 4 digits of account nur	nber				
City	State	ZIP Code	<u> </u>					

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Debtor 1

s Latisha

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First Name Middle Name

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. -	\$4,100.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$4,100.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	^{6i.} ◀	\$68,922.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$68,922.00

Fill in this inf	ormation to	identify your case	:
Debtor 1	Latisha	S	Thompson
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS
Case number (if known)			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

Do you have any executory contracts or unexpired leases?						
	No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.					
	Yes Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B)					

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

		Doci	ment Page 35 o	£58	
Fill in this inf	formation to	identify your case	:		
Debtor 1	Latisha First Name	S Middle Name	Thompson Last Name	-	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	-	
United States Ba	ankruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS	-	
Case number (if known)				Check if this is an amended filing	
Official Form	106U			_	
Schedule H		lebtors			
wo married peop needed, copy the	ole are filing tog Additional Pag	ether, both are equally e, fill it out, and numbe	responsible for supplying or the entries in the boxes o	Be as complete and accurate as possible. If correct information. If more space is in the left. Attach the Additional Page to this own). Answer every question.	
1. Do you have ☑ No ☐ Yes	any codebtors?	? (If you are filing a jo	int case, do not list either spo	use as a codebtor.)	

include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories

□ No Yes

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

			Docu	ment Pag	e 36	of 58	}	
F	ill in this inform	ation to identif	y your case:					
	Debtor 1	Latisha	S	Thomps	on			
		First Name	Middle Name	Last Name			Che	ck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			_ _	An amended filing
				DISTRICT OF IL	LINO	ıc		A supplement showing postpetition
	United States Bankri Case number	uptcy Court for the:	NONTHENN	DISTRICT OF IL	LINO	13	- -	chapter 13 income as of the following date:
	(if known)				_			MM / DD / YYYY
_	··· 40							WW., 25, 1111
_	fficial Form 10							
So	chedule I: Yo	ur Income						12/15
res inc abo you	sponsible for supply lude information ab out your spouse. If ur name and case n	ring correct inform rout your spouse. more space is nee	ation. If you are If you are separ ded, attach a se Answer every c	e married and not rated and your spo eparate sheet to th	filing j ouse is	ointly, not fili	and your : ing with y	Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
1.	Fill in your emplo	yment						
	information.	aan ono		Debtor 1				Debtor 2 or non-filing spouse
	If you have more the job, attach a separ		yment status	✓ Employed				☐ Employed
	with information ab additional employe			■ Not employ	ed			☐ Not employed
	additional employe	Occup	ation					_
	Include part-time, so or self-employed w		yer's name	Lamb's Farm				_
	Occupation may in	Linkie	yer's address	194 & Route 17	' 6			
	student or homema applies.	aker, if it		Number Street				Number Street
								_
				Libortuvillo		11 4	60048	
				Libertyville City		State Z		City State Zip Code
		How I	ong employed ti	here?				
		11000 10	ong employed t					
P	Part 2: Give D	etails About Mo	onthly Incom	е				
	timate monthly inco			n. If you have noth	ing to	report fo	or any line	, write \$0 in the space. Include your
	9 1			er, combine the info	ormatio	on for al	l employe	rs for that person on the lines below. If
you	u need more space, a	attach a separate sh	eet to this form.					·
						For De	btor 1	For Debtor 2 or non-filing spouse
2.		s wages, salary, a			2.	\$1	,614.23	
3.	Estimate and list	monthly overtime p	oay.		3. +		\$0.00	
4.	Calculate gross in	ncome. Add line 2	+ line 3.		4.	\$1	,614.23	

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s Debtor 1 Latisha

Middle Name

First Name

						For Debtor 1	For Debto		
	Сору	line 4 here			4.	\$1,614.23			
5.	List a	ıll payroll dec	ductions:						
	5a. 1	Tax, Medicar	e, and Social Security d	eductions	5a.	\$213.61			
	5b. I	Mandatory co	ontributions for retireme	ent plans	5b.	\$0.00			
	5c. \	Voluntary co	ntributions for retiremen	nt plans	5c.	\$0.00			
	5d. F	Required repa	ayments of retirement fu	und loans	5d.	\$0.00			
	5e. I	nsurance			5e.	\$0.00			
	5f. [Domestic sup	port obligations		5f.	\$0.00			
	5g. l	Union dues			5g.	\$0.00			
		Other deduct Specify:	ions.		5h. +	\$0.00			
6.	Add t 5g + 5		eductions. Add lines 5a	a + 5b + 5c + 5d + 5e + 5f +	6.	\$213.61			
7.	Calcu	ulate total mo	nthly take-home pay.	Subtract line 6 from line 4.	7.	\$1,400.62			
8.	List a	III other incor	me regularly received:						
			rom rental property and ofession, or farm	from operating a	8a.	\$0.00			
	g	gross receipts	ment for each property an , ordinary and necessary hly net income.	•					
	8b. I	nterest and o	dividends		8b.	\$0.00			
			ort payments that you, a gularly receive	non-filing spouse, or a	8c.	\$0.00			
			ny, spousal support, child ment, and property settlen	• •					
	8d. l	Unemployme	nt compensation		8d.	\$0.00			
	8e. S	Social Securi	ty		8e.	\$0.00			
	l (nclude cash a	ment assistance that you assistance and the value of the ce that you receive, such ar the Supplemental Nutritionsidies.	(if known) or any non- as food stamps					
	5	Specify:			_ 8f.	\$0.00			
	8g. F	Pension or re	etirement income		8g.	\$0.00			
		Other monthl Specify:	y income.		8h. +	\$0.00			
9.	Add a	all other inco	me. Add lines 8a + 8b +	8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00			
10.			r income. Add line 7 + ling ine 10 for Debtor 1 and De	ne 9. ebtor 2 or non-filing spouse.	10.	\$1,400.62	+	=	\$1,400.62
11.	Includ		ns from an unmarried part	e expenses that you list in S iner, members of your housel			ur roommates	s, and other	
	Do no	ot include any	amounts already included	d in lines 2-10 or amounts tha	at are n	ot available to pay	expenses list	ed in Sche	dule J.
	Speci	-						11. +	\$0.00
12.	incom			10 to the amount in line 11. of Your Assets and Liabilities				12.	\$1,400.62 Combined
13.			increase or decrease w	ithin the year after you file t	this for	m?			monthly income
	√ 1	No.	None.	<u> </u>					
	_	Yes. Explain:							

Debtor 1 Latisha S Thompson First Name Middle Name Last Name Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) Official Form 106J Schedule J: Your Expenses 12/1: Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.
First Name Middle Name Last Name A supplement showing postpetition chapter 13 expenses as of the following date: United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No
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Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No
1. Is this a joint case? ✓ No. Go to line 2. ─ Yes. Does Debtor 2 live in a separate household? ─ No
✓ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? ☐ No
Yes. Does Debtor 2 live in a separate household? No
Yes. Does Debtor 2 live in a separate household? No
Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.
2. Do you have dependents? No
Do not list Debtor 1 and Yes. Fill out this information for each dependent Dependent's relationship to Debtor 1 or Debtor 2 age live with you?
Debtor 2. for each dependent
Do not state the dependents'
names. child 10 months \sqcup No
_ No
Yes
3. Do your expenses include
yourself and your dependents?
Part 2: Estimate Your Ongoing Monthly Expenses
Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case
to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.
Include expenses paid for with non-cash government assistance if you know the value of
such assistance and have included it on Schedule I: Your Income (Official Form 106I.) Your expenses
4. The rental or home ownership expenses for your residence. 4. \$400.00
Include first mortgage payments and any rent for the ground or lot.
If not included in line 4:
4a. Real estate taxes 4a.
4b. Property, homeowner's, or renter's insurance 4b.
4c. Home maintenance, repair, and upkeep expenses 4c.

4d. Homeowner's association or condominium dues

4d.

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Debtor 1 Latisha

First Name

S

Middle Name

Last Name

Case number (if known)

Your expenses Additional mortgage payments for your residence, such as home equity loans 5. **Utilities:** 6a. Electricity, heat, natural gas 6a. \$95.00 6b. Water, sewer, garbage collection 6b \$20.00 6c. Telephone, cell phone, Internet, satellite, and 6c cable services 6d. 6d. Other. Specify: Food and housekeeping supplies 7. \$350.00 Childcare and children's education costs 8. 9. Clothing, laundry, and dry cleaning 9. \$100.00 10. Personal care products and services 10. \$70.00 11. Medical and dental expenses 11. \$60.00 12. Transportation. Include gas, maintenance, bus or train 12. \$330.00 fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, 13. \$25.00 magazines, and books 14. Charitable contributions and religious donations 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. Vehicle insurance \$50.00 15c. 15d. Other insurance. Specify: 15d. Do not include taxes deducted from your pay or included in lines 4 or 20. 16. Taxes. Specify: 16. 17. Installment or lease payments: \$370.00 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: 17c. 17d. 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as 18. deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. 19. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. 20b. Real estate taxes 20h 20c. Property, homeowner's, or renter's insurance 20c. 20d. Maintenance, repair, and upkeep expenses 20d. 20e. Homeowner's association or condominium dues 20e.

		Case 16-02354	Doc 1	Filed 01/26/16		6/16 16:48:07	Desc Main
Deb	tor 1		S	Inompson	Page 40 of 58	Case number (if know	wn)
		First Name	Middle Name	Last Name			
21.	Othe	er. Specify:				21.	+
22.	Calc	culate your monthly exp	enses.				
	22a.	Add lines 4 through 21				22a.	\$1,870.00
	22b.	Copy line 22 (monthly	expenses for	Debtor 2), if any, from Of	ficial Form 106J-2.	22b.	
	22c.	Add line 22a and 22b.	The result is	your monthly expenses.		22c.	\$1,870.00
23.	Calc	culate your monthly net	income.				
	23a.	Copy line 12 (your com	nbined monthl	y income) from Schedule	: I.	23a.	\$1,400.62
	23b.	Copy your monthly exp	enses from li	ne 22c above.		23b.	\$1,870.00
	23c.	Subtract your monthly The result is your mon		m your monthly income. ie.		23c.	(\$469.38)
24.	Do y	ou expect an increase	or decrease i	n your expenses within	the year after you fi	le this form?	
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
	$\overline{\mathbf{V}}$	No.					
		Yes. Explain here: None.					

			Doci	<u>ıment Page 41 of 5</u>	8	
F	ill in this inf	ormation to i	dentify your case			
С	Debtor 1	Latisha First Name	S Middle Name	Thompson Last Name		
	Debtor 2					
(;	Spouse, if filing)	First Name	Middle Name	Last Name		
		nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS		
_	Case number if known)				Check i	if this is an ed filing
0	fficial Form	106Sum				
Sı	ummary of	Your Asse	ets and Liabilit	ies and Certain Stati	stical Information	12/15
scl	hedules after yo		inal forms, you must f	then complete the information ill out a new Summary and che		
						Your assets Value of what you own
1.	Schedule A/B	: Property (Officia	al Form 106A/B)			
	1a. Copy line	e 55, Total real es	state, from Schedule A	В		\$0.00
	1b. Copy line	e 62, Total persor	nal property, from Sche	dule A/B		\$2,150.00
	1c. Copy line	e 63, Total of all p	property on Schedule A	/B		\$2,150.00
li	Part 2: Sur	mmarize You	r Liabilities			
						Your liabilities Amount you owe
2.				Property (Official Form 106D) claim, at the bottom of the last p	page of Part 1 of Schedule D	\$14,438.00
3.				s (Official Form 106E/F) red claims) from line 6e of Sche	dule E/F	\$4,100.00
	3b. Copy the	total claims from	n Part 2 (nonpriority uns	ecured claims) from line 6j of Sc	hedule E/F	+\$68,922.00
					Your total liabilities	\$87,460.00
	Part 2:	mmariza Va	r Income and Eve	oneoe		
أ	Part 3: Sui	mmarize 10u	r Income and Exp	C11343		
4.		our Income (Office mbined monthly in		Schedule I		\$1,400.62

Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....

\$1,870.00

Debtor 1

Latisha

S

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First Name Middle Name

Part 4:	Answer 1	These Qu	uestions f	or Admi	inistrative	and S	Statistical	Records

6.	Are	you filing for bankruptcy under Chapters 7, 11, or 13?	
		No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you Yes	ur other schedules.
7.	Wha	at kind of debt do you have?	
		Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	personal,
		Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this this form to the court with your other schedules.	box and submit
В.		om the Statement of Your Current Monthly Income: Copy your total current monthly income from cial Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$1,333.17
9.	Cop	by the following special categories of claims from Part 4, line 6 of Schedule E/F:	

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00
9g. Total. Add lines 9a through 9f.	\$0.00

	Case	e 16-02354		ed 01/26/16 locument	Entered 0 Page 43 of	1/26/16 16:48:07	Desc Main	
Fill ir	n this in	formation to	identify your ca					
Debto	r 1	Latisha First Name	S Middle Name	Thomp: Last Name		.]		
Debtoi (Spous		g) First Name	Middle Name	Last Name	9			
United	States B	ankruptcy Court fo	or the: NORTHER	N DISTRICT OF	ILLINOIS	-		
Case r (if kno	number wn)					_	Check if this is an amended filing	
Officia	al Forr	n 106Dec						
Decla	aration	About an	Individual De	ebtor's Sch	edules			12/15
You mu conceal	st file thi	s form whenever erty, or obtaining	you file bankrupt	cy schedules or a	amended sched	correct information. ules. Making a false stat bankruptcy case can res , and 3571.	•	
	Si	gn Below						
Dic	d you pay No	or agree to pay	someone who is N	NOT an attorney t	o help you fill o	ut bankruptcy forms?		
	Yes. N	Name of person _					cy Petition Preparer's N Signature (Official Form	
	der pena e and co		eclare that I have I	read the summary	y and schedules	s filed with this declaration	on and that they are	

Signature of Debtor 2

MM / DD / YYYY

Date

X <u>/s/ Latisha S Thompson</u> Signature of Debtor 1

Date <u>01/26/2016</u> MM / DD / YYYY

			Do	cument Pa	age <u>44 of 5</u> 8		
F	ill in this inf	ormation to	dentify your ca	se:			
D	ebtor 1	Latisha First Name	S Middle Name	Thompson Last Name	n		
	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name			
U	nited States Ba	nkruptcy Court fo	or the: NORTHERN	N DISTRICT OF IL	LINOIS		
ı	ase number known)					Check if the amended	
Of	ficial Form	107					
St	atement o	of Financia	Affairs for I	ndividuals Fi	ling for Bankrup	otcy	12/1
P 1.		current marital		Il Status and Wi	nere You Lived Befo	ore	
2.	During the la	st 3 years, have		re other than where	you live now?		
	Debtor 1:	·		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
3.	(Community p				uivalent in a community Idaho, Louisiana, Nevad		•
	✓ No ☐ Yes. Mak	ke sure you fill ou	nt Schedule H: Your	Codebtors (Official	Form 106H).		

Debtor 1

Latisha First Name S

Doc**tingneps**ton

Page 45 of 5 number (if known)

Middle Name

Part 2: **Explain the Sources of Your Income**

4.	Did you have any income from employm Fill in the total amount of income you recei If you are filing a joint case and you have in No	ved from all jobs and all bus	inesses, including part	t-time activities.	endar years?
	Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
	m January 1 of the current year until date you filed for bankruptcy:	Wages, commissions, bonuses, tips		Wages, commissions, bonuses, tips	
		Operating a business		Operating a business	
	the last calendar year:	Wages, commissions, bonuses, tips	\$45,000.00	Wages, commissions, bonuses, tips	
(Jar	nuary 1 to December 31, 2015)	Operating a business		Operating a business	
For	the calendar year before that:	Wages, commissions, bonuses, tips	\$46,000.00	Wages, commissions, bonuses, tips	
(Jar	nuary 1 to December 31, 2014)	Operating a business		Operating a business	
5.	Did you receive any other income during Include income regardless of whether that unemployment; and other public benefit pa and gambling and lottery winnings. If you a Debtor 1.	income is taxable. Example yments; pensions; rental inc	s of other income are ome; interest; dividend	ds; money collected from law	suits; royalties;
	List each source and the gross income from	m each source separately. [Do not include income	that you listed in line 4.	
	✓ No ☐ Yes. Fill in the details.				

Debtor 1

Part 3:

Latisha

S

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First Name Middle Name

List Certain Payments You Made Before You Filed for Bankruptcy

6.	Are eithe	r Debtor	1's or Debtor 2's debts primar	ily consumer o	lebts?		
	☐ No.		Debtor 1 nor Debtor 2 has pri d by an individual primarily for a	-			in 11 U.S.C. § 101(8) as
		During t	he 90 days before you filed for b	oankruptcy, did	you pay any creditor	a total of \$6,225* o	r more?
		☐ No.	Go to line 7.				
		☐ Yes.	List below each creditor to who total amount you paid that cred child support and alimony. Als	ditor. Do not inc	clude payments for d	lomestic support obl	igations, such as
		* Subjec	ct to adjustment on 4/01/16 and	every 3 years a	fter that for cases file	ed on or after the da	ate of adjustment.
	✓ Yes.	Debtor	1 or Debtor 2 or both have pri	marily consum	er debts.		
		During t	he 90 days before you filed for b	oankruptcy, did	you pay any creditor	a total of \$600 or m	nore?
		✓ No.	Go to line 7.				
		☐ Yes.	List below each creditor to who creditor. Do not include payments Also, do not include payments	ents for domest	ic support obligation	s, such as child sup	•
				Dates of payment	Total amount	Amount you stil owe	Was this payment for
7.	Insiders i corporation agent, income	nclude yo ons of whi cluding on	ore you filed for bankruptcy, di our relatives; any general partner ich you are an officer, director, p ue for a business you operate as ort and alimony.	rs; relatives of a person in contro	iny general partners; I, or owner of 20% of	; partnerships of whi r more of their voting	ch you are a general partner;
	✓ No ☐ Yes.	List all pa	ayments to an insider.				
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
8.	Within 1	-	ore you filed for bankruptcy, di ler?	id you make ar	ny payments or tran	nsfer any property o	on account of a debt that
	Include pa	ayments o	on debts guaranteed or cosigned	d by an insider.			
	✓ No ☐ Yes.	List all pa	ayments that benefited an inside	er.			
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name

Debtor 1

Middle Name

Latisha First Name

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Part 4:	Identify Legal Actions, Repossessions, and Foreclosures

9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.					
	✓ No ☐ Yes. Fill in the details.					
	Nature of the case Court or agency Status of the case					
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.					
	✓ No. Go to line 11.✓ Yes. Fill in the information below.					
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?					
	✓ No ☐ Yes. Fill in the details.					
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?					
	✓ No ☐ Yes					
Pa	List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?					
	✓ No ☐ Yes. Fill in the details for each gift.					
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?					
	✓ No ✓ Yes. Fill in the details for each gift or contribution.					
P	art 6: List Certain Losses					
	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?					
	✓ No ☐ Yes. Fill in the details.					

Debtor 1

Latisha First Name S

Doc**Tunone**poton

Page 48 of 58 number (if known)

Middle Name

Part 7: **List Certain Payments or Transfers**

	etcy, did you or anyone else acting on your behalf pay kruptcy or preparing a bankruptcy petition?	or transfer any prop	perty to
Include any attorneys, bankruptcy petition pr	reparers, or credit counseling agencies for services requir	ed for your bankrupto	cy.
No✓ Yes. Fill in the details.			
Cricket Debt Counseling Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number Street		01/25/2016	\$25.00
City State ZIP Code			
www.cricketdebt.com Email or website address			
Person Who Made the Payment, if Not You			
Kenneth S. Borcia & Associates Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
1117 S. Milwaukee, Suite A-3		maao	\$35.00
Number Street			
Libertyville IL 60048			
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			
	otcy, did you or anyone else acting on your behalf pay ith your creditors or to make payments to your creditor		perty to
Do not include any payment or transfer that			
✓ No ☐ Yes. Fill in the details.			

Debt	Case 16-02354 Doc 1 Filed 01/26/16 Entered 01/26/16 16:48:07 Desc Main or 1 Latisha S Documenton Page 49 Ofcase number (if known) First Name Middle Name Last Name								
18.	8. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?								
	Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.								
	✓ No ☐ Yes. Fill in the details.								
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)								
	✓ No Yes. Fill in the details.								
Pa	rt 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units								
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?								
	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.								
	✓ No✓ Yes. Fill in the details.								
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
	✓ No Yes. Fill in the details.								
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No								
	Yes. Fill in the details.								
Pa	rt 9: Identify Property You Hold or Control for Someone Else								
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.								
	✓ No ☐ Yes. Fill in the details.								

Debtor 1

Latisha First Name

Documenton Page 50 of the number (if known) Last Name

Part 10: Give Details About Environmental Information

Middle Name

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

	riazardous materiar means anything an environmental law defines as a nazardous waste, nazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.
Rej	port all notices, releases, and proceedings that you know about, regardless of when they occurred.
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?
	✓ No Yes. Fill in the details.
25.	Have you notified any governmental unit of any release of hazardous material? ☑ No ☐ Yes. Fill in the details.
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
	✓ No Yes. Fill in the details.
P	art 11: Give Details About Your Business or Connections to Any Business
27.	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?
	A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation
	✓ No. None of the above applies. Go to Part 12.✓ Yes. Check all that apply above and fill in the details below for each business.
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.
	☐ No☐ Yes. Fill in the details below.

Case 16-02354 Doc 1 Filed 01/26/16 Entered 01/26/16 16:48:07 Desc Main

Latisha S Documperton Page 51 of (528e number (if known)

Debtor 1

First Name Middle Name Last Name

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X	/s/ Latisha S Thompson	X
	Signature of Debtor 1	Signature of Debtor 2
	Date01/26/2016	Date
Di	d you attach additional pages to Your Statement	of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
✓	No	
	Yes	
Di	d you pay or agree to pay someone who is not an	attorney to help you fill out bankruptcy forms?
✓	No	
Ē	Yes. Name of person	Attach the Bankruptcy Petition Preparer's Notice,
		Declaration, and Signature (Official Form 119).

Fill in this info	ormation to	identify your case	:					
Debtor 1	Latisha First Name	S Middle Name	Thompson Last Name					
Debtor 2	EN	M. I.II. M.						
(Spouse, if filing)		Middle Name	Last Name					
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS								
Case number (if known)								

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1.	For any creditors that you listed in Part 1 of <i>Schedule D: Creditors Who Hold Claims Secured by Property</i> (Official Form 106D), fill in the information below.						
	Identify the creditor and the property that is collateral		What do you intend to do with the property that secures a debt?		Did you claim the property as exempt on Schedule C?		
	Creditor's name:	Consumer Financial Services	\square	Surrender the property. Retain the property and redeem it.		No Yes	
	Description of property securing debt:	2003 Chevrolet Tahoe		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:			
	Creditor's name:	Easy Loan		Surrender the property. Retain the property and redeem it.		No Yes	
	Description of property securing debt:	Furniture	□	Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Debtor will continue making pay reaffirming.	men	ts to creditor without	

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Debtor 1 Latisha S Thompson Page 53 of 58 Case number (if known)

First Name Middle Name Last Name

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

MM / DD / YYYY

X

Part 3:	Sign Below		
•	nalty of perjury, I declare tha property that is subject to an	I have indicated my intention about any property of my estate that secures a debt and unexpired lease.	
/s/ Latish	ha S Thompson	X	
Signature	of Debtor 1	Signature of Debtor 2	
Date 01 /	10010040	Date	

MM / DD / YYYY

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS CHICAGO DIVISION (EASTERN)

n re Latisha S Thompson	Case No.
	Chapter 7
DISCLOSURE OF COMPENSATION O	F ATTORNEY FOR DEBTOR
 Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that compensation paid to me within one year before the filing of the services rendered or to be rendered on behalf of the debtor(s) in cor is as follows: 	petition in bankruptcy, or agreed to be paid to me, for
For legal services, I have agreed to accept	
Prior to the filing of this statement I have received	\$35.00
Balance Due	\$1,750.00
2. The source of the compensation paid to me was: ☑ Debtor ☐ Other (specify)	
3. The source of compensation to be paid to me is:	
✓ Debtor ☐ Other (specify)	
 I have not agreed to share the above-disclosed compensation vassociates of my law firm. 	with any other person unless they are members and
☐ I have agreed to share the above-disclosed compensation with associates of my law firm. A copy of the agreement, together w compensation, is attached.	·
5. In return for the above-disclosed fee, I have agreed to render legal s	service for all aspects of the bankruptcy case, including:
 a. Analysis of the debtor's financial situation, and rendering advice t bankruptcy; 	to the debtor in determining whether to file a petition in
b. Preparation and filing of any petition, schedules, statements of af	fairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and conf	irmation hearing, and any adjourned hearings thereof;

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

POST PETITION AMENDMENTS
RESCHEDULING OF THE 341 MEETING
SERVICES REQUESTED AFTER DISCHARGE AND/OR DISMISSAL
REPRESENTATION OF THE DEBTOR IN ADVERSARY PROCEEDINGS

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/26/2016 /s/ Kenneth S. Borcia

Date Kenneth S. Borcia Bar No. 3125988

Kenneth S. Borcia & Associates 1117 S. Milwaukee, Suite A-3 Libertyville, IL 60048

Phone: (847) 634-8800 / Fax: (847) 634-8932

/s/ Latisha S Thompson

Latisha S Thompson

		Doci	ument Page 56 of	58		
Fill in this in	nformation to	identify your case	:		box only as dire	
Debtor 1	Latisha	S	Thompson	form and	in Form 122A-1S	upp:
	First Name	Middle Name	Last Name	1. There is	no presumption of abo	use.
Debtor 2 (Spouse, if filin	a) Firet Name	Middle Name	Last Name	· 🗀	ulation to determine if	
(opouse, ii iiilli	g) i nocinante	widule Nallie	Lastivallic	1 1	applies will be made est Calculation (Offici	
United States E	3ankruptcy Court f	or the: NORTHERN D	DISTRICT OF ILLINOIS		ns Test does not appl	
Case number				of qualific	ed military service but	
(if known)		_		later.		
				☐ Check if t	his is an amended filir	ng
Official For	m 122A-1					
		of Your Current	Monthly Income			12/1
Onapier 7		7 Tour Garrent	monthly moonic			12/1
military service, 122A-1Supp) wi	, complete and file th this form.		ou do not have primarily cons tion from Presumption of Abo ncome			
1. What is you	ur marital and filir	ng status? Check one o	only.			
√ Not ma	arried. Fill out Coi	lumn A, lines 2-11.				
			ill out both Columns A and B, li	ings 2-11		
			ou. You and your spouse are			
					N.P. lines 2.11	
	_		ot legally separated. Fill out bo			
de	eclare under penal	lty of perjury that you an	 Fill out Column A, lines 2-11 ad your spouse are legally sepa s that do not include evading the 	rated under nonba	ankruptcy law that app	olies or that you
bankruptcy August 31. in the result	r case. 11 U.S.C. If the amount of your continuity of your continuity and include a second continuity.	 § 101(10A). For exampour monthly income variance income amount more 	ed from all sources, derived of ple, if you are filing on Septemlied during the 6 months, add the than once. For example, if be have nothing to report for any l	ber 15, the 6-mont ne income for all 6 oth spouses own t line, write \$0 in the	th period would be Ma months and divide th he same rental proper e space.	rch 1 through e total by 6. Fill
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	wages, salary, ti payroll deductions)	ps, bonuses, overtime	, and commissions	\$1,333.17		
3. Alimony an if Column B		ayments. Do not include	de payments from a spouse	\$0.00		
expenses of regular cont your depend	of you or your dep tributions from an o dents, parents, and	d roommates. Include re		\$0.00		

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Debtor 1

Latisha First Name

Middle Name

Last Name

Column A Column B Debtor 1 Debtor 2 or non-filing spouse

Net income from operating a business, profession, or far	5.	Net income from	operating	a business.	profession.	. or fari
--	----	-----------------	-----------	-------------	-------------	-----------

	Debtor 1	Debtor 2			
Gross receipts (before all deductions)	\$0.00		_		
Ordinary and necessary operating expenses	\$0.00		– Сору		
Net monthly income from a business profession, or farm	\$0.00		here →	\$0.00	

Net income from rental and other real property

	Debtor 1	Debtor 2			
Gross receipts (before all deductions)	\$0.00		_		
Ordinary and necessary operating - expenses	\$0.00		— Сору		
Net monthly income from rental or other real property	\$0.00		here 😝	\$0.00	

Interest, dividends, and royalties **Unemployment compensation**

Ψ0.00	
\$0.00	

\$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you	\$0.00	
For your spouse		
Pension or retirement income. Do not include any amount re	nn na	

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity,

or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

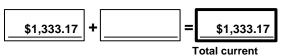
Total amounts from separate pages, if any.

11. Calculate your total current monthly income.

was a benefit under the Social Security Act.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.



monthly income

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MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

Date 1/26/2016

MM / DD / YYYY

If you checked line 14b, fill out Form 122A-2 and file it with this form.